

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101576, 177		FILING DATE 4-19-06				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16		6					66						
17		6					67						
18		6					68						
19		6					69						
20		6					70						
21		6					71						
22		6					72						
23		6					73						
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25		6					75						
26		6					76						
27		6					77						
28		6					78						
29		6					79						
30		6					80						
31		6					81						
32		6					82						
33		6					83						
34		6					84						
35		6					85						
36		6					86						
37		6					87						
38		6					88						
39		6					89						
40		6					90						
41		6					91						
42		6					92						
43		6					93						
44		6					94						
45		6					95						
46		6					96						
47		6					97						
48		6					98						
49		6					99						
50		6					100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	19						TOTAL CLAIMS						